

Document Page 1 of 94
United States Bankruptcy Court
Northern District of Illinois, Eastern Division

IN RE:

Case No. _____

Quarles, Calvin L. & Quarles, Carmen R.

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 17

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: September 25, 2017

Debtor

Joint Debtor

ABC Credit & Recovery
4736 Main St Ste 4
Lisle, IL 60532-1986

Ally Financial
200 Renaissance Ctr
Detroit, MI 48243-1300

AT&T
1801 Valley View Ln
Farmers Branch, TX 75234-8906

Capital One
15000 Capital One Dr
Richmond, VA 23238-1119

Chase Card
PO Box 15298
Wilmington, DE 19850-5298

Edward Health Ventures
720 Brom Ct
Naperville, IL 60540-6531

Fed Loan Serv
PO Box 60610
Harrisburg, PA 17106-0610

First Premier Bank
601 S Minnesota Ave
Sioux Falls, SD 57104-4824

Illinois Department of Revenue
PO Box 19035
Springfield, IL 62794-9035

INTERNAL REVENUE
Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Nationwide Credit & Co
815 Commerce Dr Ste 270
Oak Brook, IL 60523-8852

Office of Dr. Jeffrey Mackler
454 W Boughton Rd
Bolingbrook, IL 60440-1378

US Dept of Ed/Glelsi
2401 International Ln
Madison, WI 53704-3121

Vanderbilt Mortgage
500 Alcoa Trl
Maryville, TN 37804-5516

Wasinger Daming, LLC
1401 S Brentwood Blvd Ste 875
Saint Louis, MO 63144-1415

Wheaton College
501 College Ave
Wheaton, IL 60187-5501

WILL RECORDER OF DEEDS
57 N Ottawa St
Joliet, IL 60432-4389

Document Page 5 of 94
United States Bankruptcy Court
Northern District of Illinois, Eastern Division

IN RE:

Case No. _____

Quarles, Calvin L. & Quarles, Carmen R.

Chapter **7**

Debtor(s)

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
 Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
 (Required by 11 U.S.C. § 110.)

X _____
 Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Quarles, Calvin L. & Quarles, Carmen R.

X _____ **9/25/2017**

Printed Name(s) of Debtor(s)

Signature of Debtor

Date

Case No. (if known) _____

X _____ **9/25/2017**

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Three Rivers Manufacturers Associat 1615 Jefferson Street Joliet, IL 60435 Ph:815-531-3608

EMPLOYEE NAME	COMPANY NAME	CLIENT ID	EMPL ID	SOCIAL SECURITY	CHECK DATE	CHECK No.
Quarles, Calvin L	Three Rivers Manufacturers Association	1405	1013	xxx-xx-8197	3/15/2017	2304355
		PAY PERIOD	NET PAY		DIR DEPOSIT	CHECK AMT
		3/1/2017 thru 3/15/2017	3,231.96		3,231.96	0.00

WAGES	HOURS	RATE	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE	DEDUCTIONS AND TAXES	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE
SALARY	86.6700		4,166.67	8,333.34	Fed Income Tax	469.90	939.80
Total Earnings			4,166.67	8,333.34	Social Security	258.33	516.66
					Medicare	60.42	120.84
					IL State W/H	146.06	292.12
					Total Taxes	934.71	1,869.42

* Exempt from Federal W/H,FICA and Medicare

** Exempt from Federal W/H

CHECKING Acct:****6817 3,231.96
 Total Direct 3,231.96

WORKSITE INFORMATION

Three Rivers Manufacturers Associat 1615 Jefferson Street Joliet, IL 60435 Ph:815-531-3608

EMPLOYEE NAME	COMPANY NAME	CLIENT ID	EMPL ID	SOCIAL SECURITY	CHECK DATE	CHECK No.
Quarles, Calvin L	Three Rivers Manufacturers Association	1405	1013	xxx-xx-8197	3/31/2017	2307868
PAY PERIOD				NET PAY	DIR DEPOSIT	CHECK AMT
3/16/2017 thru 3/31/2017				3,231.96	3,231.96	0.00

WAGES	HOURS	RATE	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE	DEDUCTIONS AND TAXES	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE
SALARY	86.6700		4,166.67	12,500.01	Fed Income Tax	469.90	1,409.70
Total Earnings			4,166.67	12,500.01	Social Security	258.33	774.99
					Medicare	60.42	181.26
					IL State W/H	146.06	438.18
					Total Taxes	934.71	2,804.13

* Exempt from Federal W/H,FICA and Medicare

** Exempt from Federal W/H

CHECKING Acct:****6817	3,231.96
Total Direct	3,231.96

Three Rivers Manufacturers Associat 1615 Jefferson Street Joliet, IL 60435 Ph:815-531-3608

EMPLOYEE NAME	COMPANY NAME	CLIENT ID	EMPL ID	SOCIAL SECURITY	CHECK DATE	CHECK No.
Quarles, Calvin L	Three Rivers Manufacturers Association	1405	1013	xxx-xx-8197	4/14/2017	2310979
		PAY PERIOD	NET PAY		DIR DEPOSIT	CHECK AMT
		4/1/2017 thru 4/15/2017	2,737.90		2,737.90	0.00

WAGES	HOURS	RATE	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE	DEDUCTIONS AND TAXES	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE
SALARY	86.6700		4,166.67	16,666.68	Fed Income Tax	362.40	1,772.10
Total Earnings			4,166.67	16,666.68	Social Security	258.33	1,033.32
					Medicare	60.42	241.68
					IL State W/H	122.62	560.80
					Total Taxes	803.77	3,607.90
					401k**	625.00	625.00
					Total Deductions	625.00	625.00

* Exempt from Federal W/H,FICA and Medicare

** Exempt from Federal W/H

CHECKING Acct:****6817 2,737.90
Total Direct 2,737.90

Three Rivers Manufacturers Associat 1615 Jefferson Street Joliet, IL 60435 Ph:815-531-3608

EMPLOYEE NAME	COMPANY NAME	CLIENT ID	EMPL ID	SOCIAL SECURITY	CHECK DATE	CHECK No.
Quarles, Calvin L	Three Rivers Manufacturers Association	1405	1013	xxx-xx-8197	4/28/2017	2314449
		PAY PERIOD	NET PAY		DIR DEPOSIT	CHECK AMT
		4/16/2017 thru 4/30/2017	2,737.90		2,737.90	0.00

WAGES	HOURS	RATE	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE	DEDUCTIONS AND TAXES	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE
SALARY	78.6700		3,782.07	20,448.75	Fed Income Tax	362.40	2,134.50
HOLIDAY-SALARIED	8.0000		384.60	384.60	Social Security	258.33	1,291.65
Total Earnings			4,166.67	20,833.35	Medicare	60.42	302.10
					IL State W/H	122.62	683.42
					Total Taxes	803.77	4,411.67
					401k**	625.00	1,250.00
					Total Deductions	625.00	1,250.00

* Exempt from Federal W/H,FICA and Medicare

** Exempt from Federal W/H

CHECKING Acct:****6817	<u>2,737.90</u>
Total Direct	2,737.90

Three Rivers Manufacturers Associat 1615 Jefferson Street Joliet, IL 60435 Ph:815-531-3608

EMPLOYEE NAME	COMPANY NAME	CLIENT ID	EMPL ID	SOCIAL SECURITY	CHECK DATE	CHECK No.
Quarles, Calvin L	Three Rivers Manufacturers Association	1405	1013	xxx-xx-8197	5/15/2017	2318094
		PAY PERIOD	NET PAY		DIR DEPOSIT	CHECK AMT
		5/1/2017 thru 5/15/2017	2,737.90		2,737.90	0.00

WAGES	HOURS	RATE	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE	DEDUCTIONS AND TAXES	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE
SALARY	86.6700		4,166.67	24,615.42	Fed Income Tax	362.40	2,496.90
HOLIDAY-SALARIED				384.60	Social Security	258.33	1,549.98
Total Earnings			4,166.67	25,000.02	Medicare	60.42	362.52
					IL State W/H	122.62	806.04
					Total Taxes	803.77	5,215.44
					401k**	625.00	1,875.00
					Total Deductions	625.00	1,875.00

* Exempt from Federal W/H,FICA and Medicare

** Exempt from Federal W/H

CHECKING Acct:****6817	<u>2,737.90</u>
Total Direct	2,737.90

Three Rivers Manufacturers Associat 1615 Jefferson Street Joliet, IL 60435 Ph:815-531-3608

EMPLOYEE NAME	COMPANY NAME	CLIENT ID	EMPL ID	SOCIAL SECURITY	CHECK DATE	CHECK No.
Quarles, Calvin L	Three Rivers Manufacturers Association	1405	1013	xxx-xx-8197	5/31/2017	2322392
		PAY PERIOD	NET PAY		DIR DEPOSIT	CHECK AMT
		5/16/2017 thru 5/31/2017	2,737.90		2,737.90	0.00

WAGES	HOURS	RATE	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE	DEDUCTIONS AND TAXES	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE
SALARY	78.6700		3,782.07	28,397.49	Fed Income Tax	362.40	2,859.30
HOLIDAY-SALARIED	8.0000		384.60	769.20	Social Security	258.33	1,808.31
Total Earnings			4,166.67	29,166.69	Medicare	60.42	422.94
					IL State W/H	122.62	928.66
					Total Taxes	803.77	6,019.21
					401k**	625.00	2,500.00
					Total Deductions	625.00	2,500.00

* Exempt from Federal W/H,FICA and Medicare

** Exempt from Federal W/H

CHECKING Acct:****6817	<u>2,737.90</u>
Total Direct	2,737.90

Three Rivers Manufacturers Associat 1615 Jefferson Street Joliet, IL 60435 Ph:815-531-3608

EMPLOYEE NAME	COMPANY NAME	CLIENT ID	EMPL ID	SOCIAL SECURITY	CHECK DATE	CHECK No.
Quarles, Calvin L	Three Rivers Manufacturers Association	1405	1013	xxx-xx-8197	6/15/2017	2325477
		PAY PERIOD	NET PAY		DIR DEPOSIT	CHECK AMT
		6/1/2017 thru 6/15/2017	2,737.90		2,737.90	0.00

WAGES	HOURS	RATE	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE	DEDUCTIONS AND TAXES	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE
SALARY	86.6700		4,166.67	32,564.16	Fed Income Tax	362.40	3,221.70
HOLIDAY-SALARIED				769.20	Social Security	258.33	2,066.64
Total Earnings			4,166.67	33,333.36	Medicare	60.42	483.36
					IL State W/H	122.62	1,051.28
					Total Taxes	803.77	6,822.98
					401k**	625.00	3,125.00
					Total Deductions	625.00	3,125.00

* Exempt from Federal W/H,FICA and Medicare

** Exempt from Federal W/H

CHECKING Acct:****6817	<u>2,737.90</u>
Total Direct	2,737.90

Three Rivers Manufacturers Associat 1615 Jefferson Street Joliet, IL 60435 Ph:815-531-3608

EMPLOYEE NAME	COMPANY NAME	CLIENT ID	EMPL ID	SOCIAL SECURITY	CHECK DATE	CHECK No.
Quarles, Calvin L	Three Rivers Manufacturers Association	1405	1013	xxx-xx-8197	6/30/2017	2329168
		PAY PERIOD	NET PAY		DIR DEPOSIT	CHECK AMT
		6/16/2017 thru 6/30/2017	2,737.90		2,737.90	0.00

WAGES	HOURS	RATE	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE	DEDUCTIONS AND TAXES	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE
SALARY	86.6700		4,166.67	36,730.83	Fed Income Tax	362.40	3,584.10
HOLIDAY-SALARIED				769.20	Social Security	258.33	2,324.97
Total Earnings			4,166.67	37,500.03	Medicare	60.42	543.78
					IL State W/H	122.62	1,173.90
					Total Taxes	803.77	7,626.75
					401k**	625.00	3,750.00
					Total Deductions	625.00	3,750.00

* Exempt from Federal W/H,FICA and Medicare

** Exempt from Federal W/H

CHECKING Acct:****6817	<u>2,737.90</u>
Total Direct	2,737.90

Three Rivers Manufacturers Associat 1615 Jefferson Street Joliet, IL 60435 Ph:815-531-3608

EMPLOYEE NAME	COMPANY NAME	CLIENT ID	EMPL ID	SOCIAL SECURITY	CHECK DATE	CHECK No.
Quarles, Calvin L	Three Rivers Manufacturers Association	1405	1013	xxx-xx-8197	7/14/2017	2332577
		PAY PERIOD	NET PAY		DIR DEPOSIT	CHECK AMT
		7/1/2017 thru 7/15/2017	2,737.90		2,737.90	0.00

WAGES	HOURS	RATE	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE	DEDUCTIONS AND TAXES	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE
SALARY	46.6700		2,243.67	38,974.50	Fed Income Tax	362.40	3,946.50
HOLIDAY-SALARIED	16.0000		769.20	1,538.40	Social Security	258.33	2,583.30
PERSONAL TIME	8.0000		384.60	384.60	Medicare	60.42	604.20
BEREAVEMENT PAY	16.0000		769.20	769.20	IL State W/H	122.62	1,296.52
Total Earnings			4,166.67	41,666.70	Total Taxes	803.77	8,430.52
					401k**	625.00	4,375.00
					Total Deductions	625.00	4,375.00

* Exempt from Federal W/H,FICA and Medicare

** Exempt from Federal W/H

CHECKING Acct:****6817	<u>2,737.90</u>
Total Direct	2,737.90

Three Rivers Manufacturers Associat 1615 Jefferson Street Joliet, IL 60435 Ph:815-531-3608

EMPLOYEE NAME	COMPANY NAME	CLIENT ID	EMPL ID	SOCIAL SECURITY	CHECK DATE	CHECK No.
Quarles, Calvin L	Three Rivers Manufacturers Association	1405	1013	xxx-xx-8197	7/31/2017	2337288
PAY PERIOD				NET PAY	DIR DEPOSIT	CHECK AMT
7/16/2017 thru 7/31/2017				2,698.67	2,698.67	0.00

WAGES	HOURS	RATE	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE	DEDUCTIONS AND TAXES	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE
SALARY	86.6700		4,166.67	43,141.17	Fed Income Tax	362.40	4,308.90
HOLIDAY-SALARIED				1,538.40	Social Security	258.33	2,841.63
PERSONAL TIME				384.60	Medicare	60.42	664.62
BEREAVEMENT PAY				769.20	IL State W/H	161.85	1,458.37
Total Earnings			4,166.67	45,833.37	Total Taxes	843.00	9,273.52
					401k**	625.00	5,000.00
					Total Deductions	625.00	5,000.00

* Exempt from Federal W/H,FICA and Medicare

** Exempt from Federal W/H

CHECKING Acct:****6817 2,698.67
Total Direct 2,698.67

Three Rivers Manufacturers Associat 1615 Jefferson Street Joliet, IL 60435 Ph:815-531-3608

EMPLOYEE NAME	COMPANY NAME	CLIENT ID	EMPL ID	SOCIAL SECURITY	CHECK DATE	CHECK No.
Quarles, Calvin L	Three Rivers Manufacturers Association	1405	1013	xxx-xx-8197	8/15/2017	2339615
		PAY PERIOD	NET PAY		DIR DEPOSIT	CHECK AMT
		8/1/2017 thru 8/15/2017	2,698.67		2,698.67	0.00

WAGES	HOURS	RATE	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE	DEDUCTIONS AND TAXES	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE
SALARY	62.6700		3,012.87	46,154.04	Fed Income Tax	362.40	4,671.30
VACATION-SALARIED	24.0000		1,153.80	1,153.80	Social Security	258.33	3,099.96
HOLIDAY-SALARIED				1,538.40	Medicare	60.42	725.04
PERSONAL TIME				384.60	IL State W/H	161.85	1,620.22
BEREAVEMENT PAY				769.20	Total Taxes	843.00	10,116.52
Total Earnings			4,166.67	50,000.04			
					401k**	625.00	5,625.00
					Total Deductions	625.00	5,625.00

* Exempt from Federal W/H,FICA and Medicare

** Exempt from Federal W/H

CHECKING Acct:****6817	2,698.67
Total Direct	2,698.67

Three Rivers Manufacturers Associat 1615 Jefferson Street Joliet, IL 60435 Ph:815-531-3608

EMPLOYEE NAME	COMPANY NAME	CLIENT ID	EMPL ID	SOCIAL SECURITY	CHECK DATE	CHECK No.
Quarles, Calvin L	Three Rivers Manufacturers Association	1405	1013	xxx-xx-8197	8/31/2017	2344206
PAY PERIOD				NET PAY	DIR DEPOSIT	CHECK AMT
8/16/2017 thru 8/31/2017				2,698.67	2,698.67	0.00

WAGES	HOURS	RATE	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE	DEDUCTIONS AND TAXES	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE
SALARY	30.6700		1,474.47	47,628.51	Fed Income Tax	362.40	5,033.70
VACATION-SALARIED	24.0000		1,153.80	2,307.60	Social Security	258.33	3,358.29
HOLIDAY-SALARIED				1,538.40	Medicare	60.42	785.46
SICK PAY	32.0000		1,538.40	1,538.40	IL State W/H	161.85	1,782.07
PERSONAL TIME				384.60	Total Taxes	843.00	10,959.52
BEREAVEMENT PAY				769.20			
Total Earnings			4,166.67	54,166.71			
					401k**	625.00	6,250.00
					Total Deductions	625.00	6,250.00

* Exempt from Federal W/H,FICA and Medicare

** Exempt from Federal W/H

CHECKING Acct:****6817	2,698.67
Total Direct	2,698.67

Three Rivers Manufacturers Associat 1615 Jefferson Street Joliet, IL 60435 Ph:815-531-3608

EMPLOYEE NAME	COMPANY NAME	CLIENT ID	EMPL ID	SOCIAL SECURITY	CHECK DATE	CHECK No.
Quarles, Calvin L	Three Rivers Manufacturers Association	1405	1013	xxx-xx-8197	9/15/2017	2347742
		PAY PERIOD	NET PAY		DIR DEPOSIT	CHECK AMT
		9/1/2017 thru 9/15/2017	2,698.67		2,698.67	0.00

WAGES	HOURS	RATE	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE	DEDUCTIONS AND TAXES	AMOUNT THIS CHECK	AMOUNT YEAR-TO-DATE
SALARY	78.6700		3,782.07	51,410.58	Fed Income Tax	362.40	5,396.10
VACATION-SALARIED				2,307.60	Social Security	258.33	3,616.62
HOLIDAY-SALARIED	8.0000		384.60	1,923.00	Medicare	60.42	845.88
SICK PAY				1,538.40	IL State W/H	161.85	1,943.92
PERSONAL TIME				384.60	Total Taxes	843.00	11,802.52
BEREAVEMENT PAY				769.20			
Total Earnings			4,166.67	58,333.38			
					401k**	625.00	6,875.00
					Total Deductions	625.00	6,875.00

* Exempt from Federal W/H,FICA and Medicare

** Exempt from Federal W/H

CHECKING Acct:****6817 2,698.67
Total Direct 2,698.67

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 03/15/2017
Period Ending: 03/15/2017

****Important - Retain For Your Records****

Payroll Area: U8 Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1 Payroll period 03/01/2017 to 03/15/2017						Match Credit	Elect %	Appl %	Current	YTD Amount
Payments						Co. Mtch	7.00	7.0000	383.54	1,917.70
Retro Hours Rate Current YTD Amount						Tax Withholding Information				
Base Pay 0.00 88.00 5,479.17 27,395.85 Frngs-Imp Inc G 49.31						Allow Status				Addl With Amt
Total Payments 5,479.17 27,445.16						W4 Federal	03	02	10.00	
Deductions						W4 Illinois	00	02	0.00	
Federal						W4 Illinois	02	Addl		
Withholding Tax 591.72 2,992.47						W4 Illinois	00	Pers		
Social Security Tax 321.55 1,616.17						W4 Illinois	00	Dep		
Medicare Tax 75.21 377.98						Reportable Amounts for:				
Illinois						Current				YTD Amount
Withholding Tax 169.90 854.58						Federal				
U W of Will County 45.63 228.13						Withholding Tax		4,613.95	23,205.23	
Med Pre Tax 1022 - EE 267.00 1,335.00						Social Security		5,186.37	26,067.33	
Dent Pre Tax 20BA - EE 38.50 192.50						Medicare Tax		5,186.37	26,067.33	
Savings Before-tax 547.92 2,739.60						Rpt W/H-Not Txd		24.50	122.50	
ExxonMobil Svngs Loan 546.14 3,012.61						Illinois				
ExxonMobil Svngs Loan R 281.91-						Withholding Tax		4,613.95	23,205.23	
Vision Care Pre Tax 11.80 59.00						Rpt W/H-Not Txd		24.50	122.50	
Vol AD&D 3035 - EE 6.58 32.90						Imputed Income Amounts:				
GUL 3020 - EE 39.48 197.40						Current				YTD Amount
Savings Roth 401K 273.96 1,369.80						Awrdb/Bon/N-Ben Imp Tx			86.17	
Total Deductions 2,935.39 14,726.23						Grp Life Ins Imp Inc		24.50	122.50	
Net Payment 2,543.78 12,718.93						If you have questions:				
** Information Only **						-Call 1-800-262-2363 and select 6 for Payroll				
Prior Payroll Period Exceptions Hours Rate Amount						or visit U.S. Payroll on ExxonMobil Me				
Pr Period Basic Pay Adj. 72.00- 0.00						-Expatriates and Temp Domestic Assignments:				
						Call your designated administrator				
						-Annuitants: Call Benefits at 1-800-682-2847				
						(hearing impaired call 1-800-833-8334)				

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 03/15/2017
Period Ending: 03/15/2017

Important - Retain For Your Records

Payroll Area: U8
Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1
Payroll period 03/01/2017 to 03/15/2017

Payment Distribution			
ABA No.	Bank Name	Account No.	Amount
071000013	JPMorgan Chase Ba	6935XXXXXX	2,543.78

Employee Notifications

For Active employees W-2 form copies can be requested at us.payroll.tax@exxonmobil.com. For Retirees please contact the ExxonMobil Benefits Service Center at 1-800-682-2847.

If you have questions:

- Call 1-800-262-2363 and select 6 for Payroll or visit U.S. Payroll on ExxonMobil Me
- Expatriates and Temp Domestic Assignments: Call your designated administrator
- Annuitants: Call Benefits at 1-800-682-2847 (hearing impaired call 1-800-833-8334)

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 03/31/2017
Period Ending: 03/31/2017

****Important - Retain For Your Records****

Payroll Area: U8 Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1 Payroll period 03/16/2017 to 03/31/2017						Match Credit	Elect %	Appl %	Current	YTD Amount
						Co. Mtch	7.00	7.0000	383.54	2,301.24
Payments		Retro	Hours	Rate	Current	YTD Amount				
Base Pay		0.00	96.00		5,479.17	32,875.02		Tax Withholding Information		Addl
Frngs-Imp Inc G						49.31		Allow	Status	With Amt
Total Payments					5,479.17	32,924.33		W4 Federal		10.00
Deductions					Current	YTD Amount		W4 Illinois		0.00
Federal					591.72	3,584.19		W4 Illinois		
Withholding Tax					321.56	1,937.73		W4 Illinois		
Social Security Tax					75.20	453.18		W4 Illinois		
Medicare Tax					169.90	1,024.48		W4 Illinois		
Illinois					45.62	273.75		03		02
U W of Will County					267.00	1,602.00		00		02
Med Pre Tax 1022 - EE					38.50	231.00		02		Addl
Dent Pre Tax 20BA - EE					547.92	3,287.52		00		Pers
Savings Before-tax					546.14	3,558.75		00		Dep
ExxonMobil Svngs Loan						281.91-				
ExxonMobil Svngs Loan R					11.80	70.80		Reportable Amounts for:		
Vision Care Pre Tax					6.58	39.48		Current		
Vol AD&D 3035 - EE					39.48	236.88		YTD Amount		
GUL 3020 - EE					273.96	1,643.76		Federal		
Savings Roth 401K								Withholding Tax		
Total Deductions					2,935.38	17,661.61		4,613.95		
Net Payment					2,543.79	15,262.72		27,819.18		
								Social Security		
								5,186.37		
								31,253.70		
								Medicare Tax		
								5,186.37		
								31,253.70		
								Rpt W/H-Not Txd		
								24.50		
								147.00		
								Illinois		
								Withholding Tax		
								4,613.95		
								27,819.18		
								Rpt W/H-Not Txd		
								24.50		
								147.00		
								Imputed Income Amounts:		
								Current		
								YTD Amount		
								Awrd/Bon/N-Ben Imp Tx		
								86.17		
								Grp Life Ins Imp Inc		
								24.50		
								147.00		

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 03/31/2017
Period Ending: 03/31/2017

****Important - Retain For Your Records****

Payroll Area: U8
Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1
Payroll period 03/16/2017 to 03/31/2017

Payment Distribution			
ABA No.	Bank Name	Account No.	Amount
071000013	JPMorgan Chase Ba	6935XXXXXX	2,543.79

Employee Notifications

For Active employees W-2 form copies can be requested at us.payroll.tax@exxonmobil.com. For Retirees please contact the ExxonMobil Benefits Service Center at 1-800-682-2847.

If you have questions:

- Call 1-800-262-2363 and select 6 for Payroll or visit U.S. Payroll on ExxonMobil Me
- Expatriates and Temp Domestic Assignments: Call your designated administrator
- Annuitants: Call Benefits at 1-800-682-2847 (hearing impaired call 1-800-833-8334)

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 04/14/2017
Period Ending: 04/15/2017

****Important - Retain For Your Records****

Payroll Area: U8 Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1 Payroll period 04/01/2017 to 04/15/2017						Match Credit	Elect %	Appl %	Current	YTD Amount
Payments						Co. Mtch	7.00	7.0000	383.54	2,684.78
Retro Hours Rate Current YTD Amount						Tax Withholding Information				
Base Pay 0.00 80.00 5,479.17 38,354.19 Frngs-Imp Inc G 49.31						Allow Status				Addl With Amt
Total Payments 5,479.17 38,403.50						W4 Federal	03	02	10.00	
Deductions						W4 Illinois	00	02	0.00	
Federal						W4 Illinois	02	Addl		
Withholding Tax 591.72 4,175.91						W4 Illinois	00	Pers		
Social Security Tax 321.55 2,259.28						W4 Illinois	00	Dep		
Medicare Tax 75.20 528.38						Reportable Amounts for:				
Illinois						Current		YTD Amount		
Withholding Tax 169.90 1,194.38						Federal				
U W of Will County 45.63 319.38						Withholding Tax		4,613.95	32,433.13	
Med Pre Tax 1022 - EE 267.00 1,869.00						Social Security		5,186.37	36,440.07	
Dent Pre Tax 20BA - EE 38.50 269.50						Medicare Tax		5,186.37	36,440.07	
Savings Before-tax 547.92 3,835.44						Rpt W/H-Not Txd		24.50	171.50	
ExxonMobil Svngs Loan 546.14 4,104.89						Illinois				
ExxonMobil Svngs Loan R 281.91-						Withholding Tax		4,613.95	32,433.13	
Vision Care Pre Tax 11.80 82.60						Rpt W/H-Not Txd		24.50	171.50	
Vol AD&D 3035 - EE 6.58 46.06						Imputed Income Amounts:				
GUL 3020 - EE 39.48 276.36						Current		YTD Amount		
Savings Roth 401K 273.96 1,917.72						Awrdb/Bon/N-Ben Imp Tx			86.17	
Total Deductions 2,935.38 20,596.99						Grp Life Ins Imp Inc		24.50	171.50	
Net Payment 2,543.79 17,806.51						If you have questions:				
** Information Only **						-Call 1-800-262-2363 and select 6 for Payroll				
Prior Payroll Period Exceptions Hours Rate Amount						or visit U.S. Payroll on ExxonMobil Me				
Pr Period Basic Pay Adj. 96.00- 0.00						-Expatriates and Temp Domestic Assignments:				
						Call your designated administrator				
						-Annuitants: Call Benefits at 1-800-682-2847				
						(hearing impaired call 1-800-833-8334)				

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 04/14/2017
Period Ending: 04/15/2017

****Important - Retain For Your Records****

Payroll Area: U8
Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1
Payroll period 04/01/2017 to 04/15/2017

Payment Distribution			
ABA No.	Bank Name	Account No.	Amount
071000013	JPMorgan Chase Ba	6935XXXXXX	2,543.79

Employee Notifications

For Active employees W-2 form copies can be requested at us.payroll.tax@exxonmobil.com. For Retirees please contact the ExxonMobil Benefits Service Center at 1-800-682-2847.

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- Annuitants: Call Benefits at 1-800-682-2847 (hearing impaired call 1-800-833-8334)

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 04/28/2017
Period Ending: 04/30/2017

****Important - Retain For Your Records****

Payroll Area: U8 Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1 Payroll period 04/16/2017 to 04/30/2017						Match Credit	Elect %	Appl %	Current	YTD Amount
Payments						Co. Mtch	7.00	7.0000	383.54	3,068.32
Retro Hours Rate Current YTD Amount						Tax Withholding Information				
Base Pay 0.00 80.00 5,479.17 43,833.36						Addl				
Frngs-Imp Inc G 49.31						With Amt				
Total Payments 5,479.17 43,882.67						W4 Federal	03	02	10.00	
Deductions Current YTD Amount						W4 Illinois	00	02	0.00	
Federal						W4 Illinois	02	Addl		
Withholding Tax 591.72 4,767.63						W4 Illinois	00	Pers		
Social Security Tax 321.56 2,580.84						W4 Illinois	00	Dep		
Medicare Tax 75.20 603.58						Reportable Amounts for: Current YTD Amount				
Illinois						Federal				
Withholding Tax 169.90 1,364.28						Withholding Tax		4,613.95	37,047.08	
U W of Will County 45.62 365.00						Social Security		5,186.37	41,626.44	
Med Pre Tax 1022 - EE 267.00 2,136.00						Medicare Tax		5,186.37	41,626.44	
Dent Pre Tax 20BA - EE 38.50 308.00						Rpt W/H-Not Txd		24.50	196.00	
Savings Before-tax 547.92 4,383.36						Illinois				
ExxonMobil Svngs Loan 546.14 4,651.03						Withholding Tax		4,613.95	37,047.08	
ExxonMobil Svngs Loan R 281.91-						Rpt W/H-Not Txd		24.50	196.00	
Vision Care Pre Tax 11.80 94.40						Imputed Income Amounts: Current YTD Amount				
Vol AD&D 3035 - EE 6.58 52.64						Awrd/Bon/N-Ben Imp Tx			86.17	
GUL 3020 - EE 39.48 315.84						Grp Life Ins Imp Inc		24.50	196.00	
Savings Roth 401K 273.96 2,191.68						If you have questions:				
Total Deductions 2,935.38 23,532.37						-Call 1-800-262-2363 and select 6 for Payroll				
Net Payment 2,543.79 20,350.30						or visit U.S. Payroll on ExxonMobil Me				
** Information Only **						-Expatriates and Temp Domestic Assignments:				
Prior Payroll Period Exceptions Hours Rate Amount						Call your designated administrator				
Pr Period Basic Pay Adj. 80.00- 0.00						-Annuitants: Call Benefits at 1-800-682-2847				
						(hearing impaired call 1-800-833-8334)				

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 04/28/2017
Period Ending: 04/30/2017

****Important - Retain For Your Records****

Payroll Area: U8
Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1
Payroll period 04/16/2017 to 04/30/2017

Payment Distribution		Account No.	Amount
ABA No.	Bank Name		

071000013	JPMorgan Chase Ba	6935XXXXXX	2,543.79
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Employee Notifications

For Active employees W-2 form copies can be requested at us.payroll.tax@exxonmobil.com. For Retirees please contact the ExxonMobil Benefits Service Center at 1-800-682-2847.

If you have questions:

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- Expatriates and Temp Domestic Assignments: Call your designated administrator
- Annuitants: Call Benefits at 1-800-682-2847 (hearing impaired call 1-800-833-8334)

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 05/15/2017
Period Ending: 05/15/2017

****Important - Retain For Your Records****

Payroll Area: U8 Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1 Payroll period 05/01/2017 to 05/15/2017						Match Credit	Elect %	Appl %	Current	YTD Amount
Payments						Co. Mtch	7.00	7.0000	383.54	3,451.86
Retro Hours Rate Current YTD Amount						Tax Withholding Information				
Base Pay 0.00 88.00 5,479.17 49,312.53 Frngs-Imp Inc G 49.31						Addl				With Amt
Total Payments 5,479.17 49,361.84						W4 Federal	03	02	10.00	
Deductions						W4 Illinois	00	02	0.00	
Federal						W4 Illinois	02	Addl		
Withholding Tax 591.72 5,359.35						W4 Illinois	00	Pers		
Social Security Tax 321.55 2,902.39						W4 Illinois	00	Dep		
Medicare Tax 75.21 678.79						Reportable Amounts for:				
Illinois						Current				YTD Amount
Withholding Tax 169.90 1,534.18						Federal				
U W of Will County 45.63 410.63						Withholding Tax		4,613.95	41,661.03	
Med Pre Tax 1022 - EE 267.00 2,403.00						Social Security		5,186.37	46,812.81	
Dent Pre Tax 20BA - EE 38.50 346.50						Medicare Tax		5,186.37	46,812.81	
Savings Before-tax 547.92 4,931.28						Rpt W/H-Not Txd		24.50	220.50	
ExxonMobil Svngs Loan 546.14 5,197.17						Illinois				
ExxonMobil Svngs Loan R 281.91-						Withholding Tax		4,613.95	41,661.03	
Vision Care Pre Tax 11.80 106.20						Rpt W/H-Not Txd		24.50	220.50	
Vol AD&D 3035 - EE 6.58 59.22						Imputed Income Amounts:				
GUL 3020 - EE 39.48 355.32						Current				YTD Amount
Savings Roth 401K 273.96 2,465.64						Awrdb/Bon/N-Ben Imp Tx			86.17	
Total Deductions 2,935.39 26,467.76						Grp Life Ins Imp Inc		24.50	220.50	
Net Payment 2,543.78 22,894.08						If you have questions:				
** Information Only **						-Call 1-800-262-2363 and select 6 for Payroll				
Prior Payroll Period Exceptions Hours Rate Amount						or visit U.S. Payroll on ExxonMobil Me				
Pr Period Basic Pay Adj. 80.00- 0.00						-Expatriates and Temp Domestic Assignments:				
						Call your designated administrator				
						-Annuitants: Call Benefits at 1-800-682-2847				
						(hearing impaired call 1-800-833-8334)				

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 05/15/2017
Period Ending: 05/15/2017

****Important - Retain For Your Records****

Payroll Area: U8
Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1
Payroll period 05/01/2017 to 05/15/2017

Payment Distribution			
ABA No.	Bank Name	Account No.	Amount
071000013	JPMorgan Chase Ba	6935XXXXXX	2,543.78

If you have questions:

-Call 1-800-262-2363 and select 6 for Payroll
or visit U.S. Payroll on ExxonMobil Me
-Expatriates and Temp Domestic Assignments:
Call your designated administrator
-Annuitants: Call Benefits at 1-800-682-2847
(hearing impaired call 1-800-833-8334)

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 05/31/2017
Period Ending: 05/31/2017

****Important - Retain For Your Records****

Payroll Area: U8 Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1 Payroll period 05/16/2017 to 05/31/2017						Match Credit	Elect %	Appl %	Current	YTD Amount
Payments						Co. Mtch	7.00	7.0000	383.54	3,835.40
Retro Hours Rate Current YTD Amount						Tax Withholding Information				
Base Pay 0.00 96.00 5,479.17 54,791.70 Frngs-Imp Inc G 49.31						Addl				With Amt
Total Payments 5,479.17 54,841.01						W4 Federal	03	02	10.00	
Deductions Current YTD Amount						W4 Illinois	00	02	0.00	
Federal						W4 Illinois	02	Addl		
Withholding Tax 591.72 5,951.07						W4 Illinois	00	Pers		
Social Security Tax 321.56 3,223.95						W4 Illinois	00	Dep		
Medicare Tax 75.20 753.99						Reportable Amounts for: Current YTD Amount				
Illinois						Federal				
Withholding Tax 169.90 1,704.08						Withholding Tax		4,613.95	46,274.98	
U W of Will County 45.62 456.25						Social Security		5,186.37	51,999.18	
Med Pre Tax 1022 - EE 267.00 2,670.00						Medicare Tax		5,186.37	51,999.18	
Dent Pre Tax 20BA - EE 38.50 385.00						Rpt W/H-Not Txd		24.50	245.00	
Savings Before-tax 547.92 5,479.20						Illinois				
ExxonMobil Svngs Loan 546.14 5,743.31						Withholding Tax		4,613.95	46,274.98	
ExxonMobil Svngs Loan R 281.91-						Rpt W/H-Not Txd		24.50	245.00	
Vision Care Pre Tax 11.80 118.00						Imputed Income Amounts: Current YTD Amount				
Vol AD&D 3035 - EE 6.58 65.80						Awrd/Bon/N-Ben Imp Tx			86.17	
GUL 3020 - EE 39.48 394.80						Grp Life Ins Imp Inc		24.50	245.00	
Savings Roth 401K 273.96 2,739.60						If you have questions:				
Total Deductions 2,935.38 29,403.14						-Call 1-800-262-2363 and select 6 for Payroll				
Net Payment 2,543.79 25,437.87						or visit U.S. Payroll on ExxonMobil Me				
** Information Only **						-Expatriates and Temp Domestic Assignments:				
Prior Payroll Period Exceptions Hours Rate Amount						Call your designated administrator				
Pr Period Basic Pay Adj. 88.00- 0.00						-Annuitants: Call Benefits at 1-800-682-2847				
						(hearing impaired call 1-800-833-8334)				

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 05/31/2017
Period Ending: 05/31/2017

****Important - Retain For Your Records****

Payroll Area: U8
Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1
Payroll period 05/16/2017 to 05/31/2017

Payment Distribution			
ABA No.	Bank Name	Account No.	Amount
071000013	JPMorgan Chase Ba	6935XXXXXX	2,543.79

If you have questions:

-Call 1-800-262-2363 and select 6 for Payroll
or visit U.S. Payroll on ExxonMobil Me
-Expatriates and Temp Domestic Assignments:
Call your designated administrator
-Annuitants: Call Benefits at 1-800-682-2847
(hearing impaired call 1-800-833-8334)

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 06/15/2017
Period Ending: 06/15/2017

****Important - Retain For Your Records****

Payroll Area: U8 Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1 Payroll period 06/01/2017 to 06/15/2017						Match Credit	Elect %	Appl %	Current	YTD Amount
Payments						Co. Mtch	7.00	7.0000	383.54	4,218.94
Retro Hours Rate Current YTD Amount						Tax Withholding Information				
Base Pay 0.00 88.00 5,479.17 60,270.87 Frngs-Imp Inc G 49.31						Allow Status				Addl With Amt
Total Payments 5,479.17 60,320.18						W4 Federal	03		02	10.00
Deductions Current YTD Amount						W4 Illinois	00		02	0.00
Federal						W4 Illinois	02	Addl		
Withholding Tax 591.72 6,542.79						W4 Illinois	00	Pers		
Social Security Tax 321.55 3,545.50						W4 Illinois	00	Dep		
Medicare Tax 75.20 829.19						Reportable Amounts for:				
Illinois						Current		YTD Amount		
Withholding Tax 169.90 1,873.98						Federal				
U W of Will County 45.63 501.88						Withholding Tax		4,613.95		50,888.93
Med Pre Tax 1022 - EE 267.00 2,937.00						Social Security		5,186.37		57,185.55
Dent Pre Tax 20BA - EE 38.50 423.50						Medicare Tax		5,186.37		57,185.55
Savings Before-tax 547.92 6,027.12						Rpt W/H-Not Txd		24.50		269.50
ExxonMobil Svngs Loan 546.14 6,289.45						Illinois				
ExxonMobil Svngs Loan R 281.91-						Withholding Tax		4,613.95		50,888.93
Vision Care Pre Tax 11.80 129.80						Rpt W/H-Not Txd		24.50		269.50
Vol AD&D 3035 - EE 6.58 72.38						Imputed Income Amounts:				
GUL 3020 - EE 39.48 434.28						Current		YTD Amount		
Savings Roth 401K 273.96 3,013.56						Awrdb/Bon/N-Ben Imp Tx				86.17
Total Deductions 2,935.38 32,338.52						Grp Life Ins Imp Inc		24.50		269.50
Net Payment 2,543.79 27,981.66						If you have questions:				
** Information Only **						-Call 1-800-262-2363 and select 6 for Payroll				
Prior Payroll Period Exceptions Hours Rate Amount						or visit U.S. Payroll on ExxonMobil Me				
Pr Period Basic Pay Adj. 96.00- 0.00						-Expatriates and Temp Domestic Assignments:				
						Call your designated administrator				
						-Annuitants: Call Benefits at 1-800-682-2847				
						(hearing impaired call 1-800-833-8334)				

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 06/15/2017
Period Ending: 06/15/2017

****Important - Retain For Your Records****

Payroll Area: U8
Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1
Payroll period 06/01/2017 to 06/15/2017

Payment Distribution			
ABA No.	Bank Name	Account No.	Amount
071000013	JPMorgan Chase Ba	6935XXXXXX	2,543.79

If you have questions:

-Call 1-800-262-2363 and select 6 for Payroll
or visit U.S. Payroll on ExxonMobil Me
-Expatriates and Temp Domestic Assignments:
Call your designated administrator
-Annuitants: Call Benefits at 1-800-682-2847
(hearing impaired call 1-800-833-8334)

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 06/30/2017
Period Ending: 06/30/2017

****Important - Retain For Your Records****

Payroll Area: U8 Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1 Payroll period 06/16/2017 to 06/30/2017						Match Credit	Elect %	Appl %	Current	YTD Amount
Payments						Co. Mtch	7.00	7.0000	383.54	4,602.48
Retro Hours Rate Current YTD Amount						Tax Withholding Information				
Base Pay 0.00 88.00 5,479.17 65,750.04 Frngs-Imp Inc G 49.31						Addl				With Amt
Total Payments 5,479.17 65,799.35						W4 Federal	03	02	10.00	
Deductions Current YTD Amount						W4 Illinois	00	02	0.00	
Federal						W4 Illinois	02	Addl		
Withholding Tax 591.72 7,134.51						W4 Illinois	00	Pers		
Social Security Tax 321.56 3,867.06						W4 Illinois	00	Dep		
Medicare Tax 75.20 904.39						Reportable Amounts for: Current YTD Amount				
Illinois						Federal				
Withholding Tax 169.90 2,043.88						Withholding Tax		4,613.95	55,502.88	
U W of Will County 45.62 547.50						Social Security		5,186.37	62,371.92	
Med Pre Tax 1022 - EE 267.00 3,204.00						Medicare Tax		5,186.37	62,371.92	
Dent Pre Tax 20BA - EE 38.50 462.00						Rpt W/H-Not Txd		24.50	294.00	
Savings Before-tax 547.92 6,575.04						Illinois				
ExxonMobil Svngs Loan 546.14 6,835.59						Withholding Tax		4,613.95	55,502.88	
ExxonMobil Svngs Loan R 281.91-						Rpt W/H-Not Txd		24.50	294.00	
Vision Care Pre Tax 11.80 141.60						Imputed Income Amounts: Current YTD Amount				
Vol AD&D 3035 - EE 6.58 78.96						Awrdb/Bon/N-Ben Imp Tx			86.17	
GUL 3020 - EE 39.48 473.76						Grp Life Ins Imp Inc		24.50	294.00	
Savings Roth 401K 273.96 3,287.52						If you have questions:				
Total Deductions 2,935.38 35,273.90						-Call 1-800-262-2363 and select 6 for Payroll				
Net Payment 2,543.79 30,525.45						or visit U.S. Payroll on ExxonMobil Me				
** Information Only **						-Expatriates and Temp Domestic Assignments:				
Prior Payroll Period Exceptions Hours Rate Amount						Call your designated administrator				
Pr Period Basic Pay Adj. 88.00- 0.00						-Annuitants: Call Benefits at 1-800-682-2847				
						(hearing impaired call 1-800-833-8334)				

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 06/30/2017
Period Ending: 06/30/2017

****Important - Retain For Your Records****

Payroll Area: U8
Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1
Payroll period 06/16/2017 to 06/30/2017

Payment Distribution			
ABA No.	Bank Name	Account No.	Amount
071000013	JPMorgan Chase Ba	6935XXXXXX	2,543.79

If you have questions:

-Call 1-800-262-2363 and select 6 for Payroll
or visit U.S. Payroll on ExxonMobil Me
-Expatriates and Temp Domestic Assignments:
Call your designated administrator
-Annuitants: Call Benefits at 1-800-682-2847
(hearing impaired call 1-800-833-8334)

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 07/14/2017
Period Ending: 07/15/2017

****Important - Retain For Your Records****

Payroll Area: U8 Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1 Payroll period 07/01/2017 to 07/15/2017						Match Credit	Elect %	Appl %	Current	YTD Amount
Payments						Co. Mtch	7.00	7.0000	383.54	4,986.02
Retro Hours Rate Current YTD Amount						Tax Withholding Information				
Base Pay 0.00 80.00 5,479.17 71,229.21 Frngs-Imp Inc G 49.31						Allow Status				Addl With Amt
Total Payments 5,479.17 71,278.52						W4 Federal	03	02	10.00	
Deductions Current YTD Amount						W4 Illinois	00	02	0.00	
Federal						W4 Illinois	02	Addl		
Withholding Tax 591.72 7,726.23						W4 Illinois	00	Pers		
Social Security Tax 321.55 4,188.61						W4 Illinois	00	Dep		
Medicare Tax 75.21 979.60						Reportable Amounts for:				
Illinois						Current				YTD Amount
Withholding Tax 169.90 2,213.78						Federal				
U W of Will County 45.63 593.13						Withholding Tax		4,613.95	60,116.83	
Med Pre Tax 1022 - EE 267.00 3,471.00						Social Security		5,186.37	67,558.29	
Dent Pre Tax 20BA - EE 38.50 500.50						Medicare Tax		5,186.37	67,558.29	
Savings Before-tax 547.92 7,122.96						Rpt W/H-Not Txd		24.50	318.50	
ExxonMobil Svngs Loan 546.14 7,381.73						Illinois				
ExxonMobil Svngs Loan R 281.91-						Withholding Tax		4,613.95	60,116.83	
Vision Care Pre Tax 11.80 153.40						Rpt W/H-Not Txd		24.50	318.50	
Vol AD&D 3035 - EE 6.58 85.54						Imputed Income Amounts:				
GUL 3020 - EE 39.48 513.24						Current				YTD Amount
Savings Roth 401K 273.96 3,561.48						Awrdb/Bon/N-Ben Imp Tx			86.17	
Total Deductions 2,935.39 38,209.29						Grp Life Ins Imp Inc		24.50	318.50	
Net Payment 2,543.78 33,069.23						If you have questions:				
** Information Only **						-Call 1-800-262-2363 and select 6 for Payroll				
Prior Payroll Period Exceptions Hours Rate Amount						or visit U.S. Payroll on ExxonMobil Me				
Pr Period Basic Pay Adj. 88.00- 0.00						-Expatriates and Temp Domestic Assignments:				
						Call your designated administrator				
						-Annuitants: Call Benefits at 1-800-682-2847				
						(hearing impaired call 1-800-833-8334)				

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 07/14/2017
Period Ending: 07/15/2017

Important - Retain For Your Records

Payroll Area: U8

Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1
Payroll period 07/01/2017 to 07/15/2017

Payment Distribution

ABA No.	Bank Name	Account No.	Amount
071000013	JPMorgan Chase Ba	6935XXXXXX	2,543.78

If you have questions:

-Call 1-800-262-2363 and select 6 for Payroll
or visit U.S. Payroll on ExxonMobil Me
-Expatriates and Temp Domestic Assignments:
Call your designated administrator
-Annuitants: Call Benefits at 1-800-682-2847
(hearing impaired call 1-800-833-8334)

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 07/31/2017
Period Ending: 07/31/2017

****Important - Retain For Your Records****

Payroll Area: U8 Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1 Payroll period 07/16/2017 to 07/31/2017						Match Credit	Elect %	Appl %	Current	YTD Amount
Payments						Co. Mtch	7.00	7.0000	383.54	5,369.56
Retro Hours Rate Current YTD Amount						Tax Withholding Information				
Base Pay 0.00 88.00 5,479.17 76,708.38 Frngs-Imp Inc G 49.31						Allow Status				Addl With Amt
Total Payments 5,479.17 76,757.69						W4 Federal	03	02	10.00	
Deductions Current YTD Amount						W4 Illinois	00	02	0.00	
Federal						W4 Illinois	02	Addl		
Withholding Tax 591.72 8,317.95						W4 Illinois	00	Pers		
Social Security Tax 321.56 4,510.17						W4 Illinois	00	Dep		
Medicare Tax 75.20 1,054.80						Reportable Amounts for:				
Illinois						Current				YTD Amount
Withholding Tax 169.90 2,383.68						Federal				
U W of Will County 45.62 638.75						Withholding Tax		4,613.95	64,730.78	
Med Pre Tax 1022 - EE 267.00 3,738.00						Social Security		5,186.37	72,744.66	
Dent Pre Tax 20BA - EE 38.50 539.00						Medicare Tax		5,186.37	72,744.66	
Savings Before-tax 547.92 7,670.88						Rpt W/H-Not Txd		24.50	343.00	
ExxonMobil Svngs Loan 546.14 7,927.87						Illinois				
ExxonMobil Svngs Loan R 281.91-						Withholding Tax		4,613.95	64,730.78	
Vision Care Pre Tax 11.80 165.20						Rpt W/H-Not Txd		24.50	343.00	
Vol AD&D 3035 - EE 6.58 92.12						Imputed Income Amounts:				
GUL 3020 - EE 39.48 552.72						Current				YTD Amount
Savings Roth 401K 273.96 3,835.44						Awrdb/Bon/N-Ben Imp Tx			86.17	
Total Deductions 2,935.38 41,144.67						Grp Life Ins Imp Inc		24.50	343.00	
Net Payment 2,543.79 35,613.02						If you have questions:				
** Information Only **						-Call 1-800-262-2363 and select 6 for Payroll				
Prior Payroll Period Exceptions Hours Rate Amount						or visit U.S. Payroll on ExxonMobil Me				
Pr Period Basic Pay Adj. 80.00- 0.00						-Expatriates and Temp Domestic Assignments:				
						Call your designated administrator				
						-Annuitants: Call Benefits at 1-800-682-2847				
						(hearing impaired call 1-800-833-8334)				

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 07/31/2017
Period Ending: 07/31/2017

Important - Retain For Your Records

Payroll Area: U8

Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1
Payroll period 07/16/2017 to 07/31/2017

Payment Distribution

ABA No.	Bank Name	Account No.	Amount
071000013	JPMorgan Chase Ba	6935XXXXXX	2,543.79

If you have questions:

-Call 1-800-262-2363 and select 6 for Payroll
or visit U.S. Payroll on ExxonMobil Me
-Expatriates and Temp Domestic Assignments:
Call your designated administrator
-Annuitants: Call Benefits at 1-800-682-2847
(hearing impaired call 1-800-833-8334)

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 08/15/2017
Period Ending: 08/15/2017

****Important - Retain For Your Records****

Payroll Area: U8 Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1 Payroll period 08/01/2017 to 08/15/2017						Match Credit	Elect %	Appl %	Current	YTD Amount
Payments						Co. Mtch	7.00	7.0000	383.54	5,753.10
Retro Hours Rate Current YTD Amount						Tax Withholding Information				
Base Pay 0.00 88.00 5,479.17 82,187.55 Frngs-Imp Inc G 49.31						Allow Status				Addl With Amt
Total Payments 5,479.17 82,236.86						W4 Federal	03	02	10.00	
Deductions Current YTD Amount						W4 Illinois	00	02	0.00	
Federal						W4 Illinois	02	Addl		
Withholding Tax 591.72 8,909.67						W4 Illinois	00	Pers		
Social Security Tax 321.55 4,831.72						W4 Illinois	00	Dep		
Medicare Tax 75.20 1,130.00						Reportable Amounts for:				
Illinois						Current				YTD Amount
Withholding Tax 169.90 2,553.58						Federal				
U W of Will County 45.63 684.38						Withholding Tax		4,613.95	69,344.73	
Med Pre Tax 1022 - EE 267.00 4,005.00						Social Security		5,186.37	77,931.03	
Dent Pre Tax 20BA - EE 38.50 577.50						Medicare Tax		5,186.37	77,931.03	
Savings Before-tax 547.92 8,218.80						Rpt W/H-Not Txd		24.50	367.50	
ExxonMobil Svngs Loan 546.14 8,474.01						Illinois				
ExxonMobil Svngs Loan R 281.91-						Withholding Tax		4,613.95	69,344.73	
Vision Care Pre Tax 11.80 177.00						Rpt W/H-Not Txd		24.50	367.50	
Vol AD&D 3035 - EE 6.58 98.70						Imputed Income Amounts:				
GUL 3020 - EE 39.48 592.20						Current				YTD Amount
Savings Roth 401K 273.96 4,109.40						Awrdb/Bon/N-Ben Imp Tx			86.17	
Total Deductions 2,935.38 44,080.05						Grp Life Ins Imp Inc		24.50	367.50	
Net Payment 2,543.79 38,156.81						If you have questions:				
** Information Only **						-Call 1-800-262-2363 and select 6 for Payroll				
Prior Payroll Period Exceptions Hours Rate Amount						or visit U.S. Payroll on ExxonMobil Me				
Pr Period Basic Pay Adj. 88.00- 0.00						-Expatriates and Temp Domestic Assignments:				
						Call your designated administrator				
						-Annuitants: Call Benefits at 1-800-682-2847				
						(hearing impaired call 1-800-833-8334)				

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 08/15/2017
Period Ending: 08/15/2017

Important - Retain For Your Records

Payroll Area: U8

Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1
Payroll period 08/01/2017 to 08/15/2017

Payment Distribution

ABA No.	Bank Name	Account No.	Amount
071000013	JPMorgan Chase Ba	6935XXXXXX	2,543.79

If you have questions:

-Call 1-800-262-2363 and select 6 for Payroll
or visit U.S. Payroll on ExxonMobil Me
-Expatriates and Temp Domestic Assignments:
Call your designated administrator
-Annuitants: Call Benefits at 1-800-682-2847
(hearing impaired call 1-800-833-8334)

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 08/31/2017
Period Ending: 08/31/2017

****Important - Retain For Your Records****

Payroll Area: U8 Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1 Payroll period 08/16/2017 to 08/31/2017						Match Credit	Elect %	Appl %	Current	YTD Amount
Payments						Co. Mtch	7.00	7.0000	383.54	6,136.64
Retro Hours Rate Current YTD Amount						Tax Withholding Information				
Base Pay 0.00 96.00 5,479.17 87,666.72 Frngs-Imp Inc G 49.31						Allow Status				Addl With Amt
Total Payments 5,479.17 87,716.03						W4 Federal	03	02	10.00	
Deductions Current YTD Amount						W4 Illinois	00	02	0.00	
Federal						W4 Illinois	02	Addl		
Withholding Tax 591.72 9,501.39						W4 Illinois	00	Pers		
Social Security Tax 321.56 5,153.28						W4 Illinois	00	Dep		
Medicare Tax 75.20 1,205.20						Reportable Amounts for:				
Illinois						Current				YTD Amount
Withholding Tax 169.90 2,723.48						Federal				
U W of Will County 45.62 730.00						Withholding Tax		4,613.95	73,958.68	
Med Pre Tax 1022 - EE 267.00 4,272.00						Social Security		5,186.37	83,117.40	
Dent Pre Tax 20BA - EE 38.50 616.00						Medicare Tax		5,186.37	83,117.40	
Savings Before-tax 547.92 8,766.72						Rpt W/H-Not Txd		24.50	392.00	
ExxonMobil Svngs Loan 546.14 9,020.15						Illinois				
ExxonMobil Svngs Loan R 281.91-						Withholding Tax		4,613.95	73,958.68	
Vision Care Pre Tax 11.80 188.80						Rpt W/H-Not Txd		24.50	392.00	
Vol AD&D 3035 - EE 6.58 105.28						Imputed Income Amounts:				
GUL 3020 - EE 39.48 631.68						Current				YTD Amount
Savings Roth 401K 273.96 4,383.36						Awrdb/Bon/N-Ben Imp Tx			86.17	
Total Deductions 2,935.38 47,015.43						Grp Life Ins Imp Inc		24.50	392.00	
Net Payment 2,543.79 40,700.60						If you have questions:				
** Information Only **						-Call 1-800-262-2363 and select 6 for Payroll				
Prior Payroll Period Exceptions Hours Rate Amount						or visit U.S. Payroll on ExxonMobil Me				
Pr Period Basic Pay Adj. 88.00- 0.00						-Expatriates and Temp Domestic Assignments:				
						Call your designated administrator				
						-Annuitants: Call Benefits at 1-800-682-2847				
						(hearing impaired call 1-800-833-8334)				

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 08/31/2017
Period Ending: 08/31/2017

Important - Retain For Your Records

Payroll Area: U8

Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1
Payroll period 08/16/2017 to 08/31/2017

Payment Distribution

ABA No.	Bank Name	Account No.	Amount
071000013	JPMorgan Chase Ba	6935XXXXXX	2,543.79

If you have questions:

-Call 1-800-262-2363 and select 6 for Payroll
or visit U.S. Payroll on ExxonMobil Me
-Expatriates and Temp Domestic Assignments:
Call your designated administrator
-Annuitants: Call Benefits at 1-800-682-2847
(hearing impaired call 1-800-833-8334)

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 09/15/2017
Period Ending: 09/15/2017

****Important - Retain For Your Records****

Payroll Area: U8 Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1 Payroll period 09/01/2017 to 09/15/2017						Match Credit	Elect %	Appl %	Current	YTD Amount
Payments						Co. Mtch	7.00	7.0000	383.54	6,520.18
Retro Hours Rate Current YTD Amount						Tax Withholding Information				
Base Pay 0.00 88.00 5,479.17 93,145.89						Addl				
Frngs-Imp Inc G 109.33 158.64						With Amt				
Total Payments 5,588.50 93,304.53						W4 Federal	03	02	10.00	
Deductions Current YTD Amount						W4 Illinois	00	02	0.00	
Federal						W4 Illinois	02	Addl		
Withholding Tax 664.41 10,165.80						W4 Illinois	00	Pers		
Social Security Tax 339.58 5,492.86						W4 Illinois	00	Dep		
Medicare Tax 79.42 1,284.62						Reportable Amounts for:				
Illinois						Current YTD Amount				
Withholding Tax 238.66 2,962.14						Federal				
U W of Will County 45.63 775.63						Withholding Tax		4,904.72	78,863.40	
Med Pre Tax 1022 - EE 267.00 4,539.00						Social Security		5,477.14	88,594.54	
Dent Pre Tax 20BA - EE 38.50 654.50						Medicare Tax		5,477.14	88,594.54	
Savings Before-tax 547.92 9,314.64						Rpt W/H-Not Txd		24.50	416.50	
ExxonMobil Svngs Loan 546.14 9,566.29						Illinois				
ExxonMobil Svngs Loan R 281.91-						Withholding Tax		4,904.72	78,863.40	
Vision Care Pre Tax 11.80 200.60						Rpt W/H-Not Txd		24.50	416.50	
Vol AD&D 3035 - EE 6.58 111.86						Imputed Income Amounts:				
GUL 3020 - EE 39.48 671.16						Current YTD Amount				
Savings Roth 401K 273.96 4,657.32						Awrdb/Bon/N-Ben Imp Tx		181.44	267.61	
Total Deductions 3,099.08 50,114.51						Grp Life Ins Imp Inc		24.50	416.50	
Net Payment 2,489.42 43,190.02						If you have questions:				
** Information Only **						-Call 1-800-262-2363 and select 6 for Payroll				
Prior Payroll Period Exceptions Hours Rate Amount						or visit U.S. Payroll on ExxonMobil Me				
Pr Period Basic Pay Adj. 96.00- 0.00						-Expatriates and Temp Domestic Assignments:				
						Call your designated administrator				
						-Annuity: Call Benefits at 1-800-682-2847				
						(hearing impaired call 1-800-833-8334)				

Ms CARMEN QUARLES
4 ROANOKE COURT
BOLINGBROOK IL 60440

Payment Date: 09/15/2017
Period Ending: 09/15/2017

Important - Retain For Your Records

Payroll Area: U8

Pers Area 5059 Pers Sub Area 5000 EE Group 1 EE Subgrp J1
Payroll period 09/01/2017 to 09/15/2017

Payment Distribution

ABA No.	Bank Name	Account No.	Amount
071000013	JPMorgan Chase Ba	6935XXXXXX	2,489.42

If you have questions:

-Call 1-800-262-2363 and select 6 for Payroll
or visit U.S. Payroll on ExxonMobil Me
-Expatriates and Temp Domestic Assignments:
Call your designated administrator
-Annuitants: Call Benefits at 1-800-682-2847
(hearing impaired call 1-800-833-8334)

Fill in this information to identify your case:

Debtor 1 **Calvin L. Quarles**
First Name Middle Name Last Name

Debtor 2 **Carmen R. Quarles**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Ally Financial	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 2013 BMW 3 Series		

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: AT&T	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of leased Property: Cell Phone	

Part 3: Sign Below

Debtor 1
Debtor 2 Quarles, Calvin L. & Quarles, Carmen R. Case number (if known) _____

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X _____
Calvin L. Quarles
Signature of Debtor 1

Date September 25, 2017

X _____
Carmen R. Quarles
Signature of Debtor 2

Date September 25, 2017

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Case number (if known)

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Calvin

First name

L.

Middle name

Bring your picture identification to your meeting with the trustee.

Quarles

Last name and Suffix (Sr., Jr., II, III)

Carmen

First name

R.

Middle name

Quarles

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-8197

xxx-xx-4594

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known)

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and
doing business as names

Business name(s)

Business name(s)

EINs

EINs

5. Where you live

**4 Roanoke Ct
Bolingbrook, IL 60440-1463**

Number, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

Will

County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- ☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- ☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- ☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- ☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** ☐ No.
☒ Yes.

District	Northern District of Illinois	When	5/02/16	Case number	16-15042
District		When		Case number	
District		When		Case number	

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No
☐ Yes.

Debtor		Relationship to you	
District		When	
Case number, if known			
Debtor		Relationship to you	
District		When	
Case number, if known			

11. **Do you rent your residence?** ☒ No. Go to line 12.
☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No.

Go to Part 4.

☐ Yes.

Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

☒ No.

I am not filing under Chapter 11.

☐ No.

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes.

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No.

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**
- Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**
- Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.
- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**
- To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
- Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.
- Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
- ☐ **I am not required to receive a briefing about credit counseling because of:**
- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.
- If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**
- Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**
- Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.
- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**
- To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
- Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.
- If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.
- Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
- ☐ **I am not required to receive a briefing about credit counseling because of:**
- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.
- If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a.	Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts <hr/>

17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.	I am not filing under Chapter 7. Go to line 18. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Calvin L. Quarles
Signature of Debtor 1

Carmen R. Quarles
Signature of Debtor 2

Executed on **September 25, 2017**
MM / DD / YYYY

Executed on **September 25, 2017**
MM / DD / YYYY

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Signature of Attorney for Debtor

Date

September 25, 2017

MM / DD / YYYY

Steven Leahy

Printed name

Law Office Steven A Leahy, PC

Firm name

150 North Michigan Ave Suite 1120

Chicago, IL 60601

Number, Street, City, State & ZIP Code

Contact phone **(312) 664-6649**

Email address

cincompass@it-lawyer.com

6273453

Bar number & State

Fill in this information to identify your case and this filing:

Debtor 1	Calvin L. Quarles		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Carmen R. Quarles		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		
Case number			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: **BMW**
 Model: **3 Series**
 Year: **2013**
 Approximate mileage: **33000**
 Other information:

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$16,792.00	\$16,792.00

3.2 Make: **BMW**
 Model: **3 Series**
 Year: **2000**
 Approximate mileage: **240000**
 Other information:

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$518.00	\$518.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known)

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$17,310.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

Appliances	unknown
Cooking Utensils & Cookware	\$120.00
Silverware	\$20.00
Living Room furniture	\$200.00
Diining Room Furniture	\$400.00
Tables & Chairs	\$300.00
Televisions	\$700.00
Bedroom Furniture	\$350.00
Dressers	\$150.00
Computer	\$200.00
Desks	\$75.00
Pictures	\$200.00
Mecanics Tools	\$150.00
cell phones	\$200.00
Lawn Mower	\$75.00
Yard Equipment	\$150.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☒ No

☐ Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known)

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No
☒ Yes. Describe.....

Coats, jackets, shirts, pants, shoes, scarves, ties, dresses, suits, etc

unknown

Wedding Rings

\$2,000.00

Furs

\$400.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- ☐ No
☒ Yes. Describe.....

Watches

\$300.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

- ☒ No
☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

- ☒ No
☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$5,990.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☐ No
☒ Yes.....

possession

\$150.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No
☒ Yes.....

Institution name:

17.1. Checking Account Checking J.P> Morgan

\$2,500.00

17.2. Checking Account J.P. Morgan

\$380.00

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known)

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known)

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No
☐ Yes. Name the insurance company of each policy and list its value.
Company name:

Beneficiary:

Surrender or refund
value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$3,030.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known)

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$0.00
56. Part 2: Total vehicles, line 5	\$17,310.00	
57. Part 3: Total personal and household items, line 15	\$5,990.00	
58. Part 4: Total financial assets, line 36	\$3,030.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$26,330.00	Copy personal property total \$26,330.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$26,330.00

Fill in this information to identify your case:

Debtor 1	Calvin L. Quarles		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Debtor 1 Exemptions			
BMW 3 Series 2013 33000 Line from <i>Schedule A/B</i> 3.1	\$16,792.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)
BMW 3 Series 2000 240000 Line from <i>Schedule A/B</i> 3.2	\$518.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)
Appliances Line from <i>Schedule A/B</i> 6.1	Unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Cooking Utensils & Cookware Line from <i>Schedule A/B</i> 6.2	\$120.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Silverware Line from <i>Schedule A/B</i> 6.3	\$20.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(g)(4)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Living Room furniture Line from Schedule A/B: 6.4	<u>\$200.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Dining Room Furniture Line from Schedule A/B: 6.5	<u>\$400.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Tables & Chairs Line from Schedule A/B: 6.6	<u>\$300.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Televisions Line from Schedule A/B: 6.7	<u>\$700.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Bedroom Furniture Line from Schedule A/B: 6.8	<u>\$350.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Dressers Line from Schedule A/B: 6.9	<u>\$150.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Computer Line from Schedule A/B: 6.10	<u>\$200.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Desks Line from Schedule A/B: 6.11	<u>\$75.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Pictures Line from Schedule A/B: 6.12	<u>\$200.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Mechanics Tools Line from Schedule A/B: 6.13	<u>\$150.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
cell phones Line from Schedule A/B: 6.14	<u>\$200.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Lawn Mower Line from Schedule A/B: 6.15	<u>\$75.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Yard Equipment Line from Schedule A/B: 6.16	<u>\$150.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Coats, jackets, shirts, pants, shoes, scarves, ties, dresses, suits, etc Line from Schedule A/B: 11.1	<u>Unknown</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
Wedding Rings Line from Schedule A/B: 11.2	<u>\$2,000.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
Furs Line from Schedule A/B: 11.3	<u>\$400.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Watches Line from Schedule A/B: 12.1	<u>\$300.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
possession Line from Schedule A/B: 16.1	<u>\$150.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Checking J.P> Morgan Line from Schedule A/B: 17.1	<u>\$2,500.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
J.P. Morgan Line from Schedule A/B: 17.2	<u>\$380.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

3. **Are you claiming a homestead exemption of more than \$160,375?**
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Carmen R. Quarles		
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	

Debtor 2 Exemptions

Brief description:
Line from *Schedule A/B* _____ ☐ _____

☐ 100% of fair market value, up to any applicable statutory limit

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1	Calvin L. Quarles		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Carmen R. Quarles		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Ally Financial Creditor's Name 200 Renaissance Ctr Detroit, MI 48243-1300 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 2013 BMW 3 Series As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$21,075.00	\$21,500.00
			\$0.00
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred 2017-06 Last 4 digits of account number 1441</p>			

2.2 Vanderbilt Mortgage Creditor's Name 500 Alcoa Trl Maryville, TN 37804-5516 Number, Street, City, State & Zip Code	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$502,203.00	\$0.00	\$502,203.00
<p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred 2007-06-08 Last 4 digits of account number 0489</p>				

Debtor 1 **Calvin L. Quarles**

First Name Middle Name Last Name

Case number (if know) _____

Debtor 2 **Carmen R. Quarles**

First Name Middle Name Last Name

Add the dollar value of your entries in Column A on this page. Write that number here:

\$523,278.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$523,278.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	Calvin L. Quarles		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Carmen R. Quarles		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1			
INTERNAL REVENUE			
Priority Creditor's Name Internal Revenue Service	Last 4 digits of account number	\$29,381.00	\$29,381.00
PO Box 7346	When was the debt incurred?		\$0.00
Philadelphia, PA 19101-7346			
Number Street City State Zip Code			
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations		
Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____		
	Tax		

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1
Debtor 2 **Quarles, Calvin L. & Quarles, Carmen R.**

Case number (if known)

4.1

Capital One

Nonpriority Creditor's Name

**15000 Capital One Dr
Richmond, VA 23238-1119**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **9864**

\$288.00

When was the debt incurred? **2007-10**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Revolving account

4.2

Chase Card

Nonpriority Creditor's Name

**PO Box 15298
Wilmington, DE 19850-5298**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **8595**

\$175.00

When was the debt incurred? **2007-10**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Revolving account

4.3

Edward Health Ventures

Nonpriority Creditor's Name

**720 Brom Ct
Naperville, IL 60540-6531**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **5014**

\$25.00

When was the debt incurred? **2017-03**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Open account**

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if know)

4.4

Fed Loan Serv

Nonpriority Creditor's Name

Last 4 digits of account number **0003**

\$30,912.00

PO Box 60610

Harrisburg, PA 17106-0610

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? **2015-09**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

Installment account

4.5

Fed Loan Serv

Nonpriority Creditor's Name

Last 4 digits of account number **0001**

\$30,910.00

PO Box 60610

Harrisburg, PA 17106-0610

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? **2015-03**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

Installment account

4.6

Fed Loan Serv

Nonpriority Creditor's Name

Last 4 digits of account number **0002**

\$3,000.00

PO Box 60610

Harrisburg, PA 17106-0610

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? **2015-06**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

Installment account

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known)

4.7

First Premier Bank

Nonpriority Creditor's Name

Last 4 digits of account number **5806**

\$168.00

When was the debt incurred? **2016-12-16**

**601 S Minnesota Ave
Sioux Falls, SD 57104-4824**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Revolving account

4.8

Illinois Department of Revenue

Nonpriority Creditor's Name

Last 4 digits of account number

\$12,000.00

When was the debt incurred?

**PO Box 19035
Springfield, IL 62794-9035**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

4.9

INTERNAL REVENUE

Nonpriority Creditor's Name

Last 4 digits of account number

\$120,000.00

When was the debt incurred?

**Internal Revenue Service
PO Box 7346**

Philadelphia, PA 19101-7346

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if know)

4.10

Office of Dr. Jeffrey Mackler

Nonpriority Creditor's Name

**454 W Boughton Rd
Bolingbrook, IL 60440-1378**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1935**

\$31.00

When was the debt incurred? **2014-04**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Open account**

4.11

US Dept of Ed/Glelsi

Nonpriority Creditor's Name

**2401 International Ln
Madison, WI 53704-3121**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9577**

\$19,748.00

When was the debt incurred? **2009-05**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Installment account

4.12

Wasinger Daming, LLC

Nonpriority Creditor's Name

**1401 S Brentwood Blvd Ste 875
Saint Louis, MO 63144-1415**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Debtor 1
Debtor 2 **Quarles, Calvin L. & Quarles, Carmen R.**

Case number (if known) _____

4.13	Wheaton College Nonpriority Creditor's Name 501 College Ave Wheaton, IL 60187-5501 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9700</u> When was the debt incurred? <u>2013-09</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$16,914.00
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4.14	Wheaton College Nonpriority Creditor's Name 501 College Ave Wheaton, IL 60187-5501 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$16,000.00
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4.15	WILL RECORDER OF DEEDS Nonpriority Creditor's Name 57 N Ottawa St Joliet, IL 60432-4389 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>TaxLienState account opened 08/25/2015</u>	\$3,042.00
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Debtor 1
Debtor 2**Quarles, Calvin L. & Quarles, Carmen R.**

Case number (if known)

4.16

WILL RECORDER OF DEEDS

Nonpriority Creditor's Name

Last 4 digits of account number

\$3,042.00**57 N Ottawa St
Joliet, IL 60432-4389**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **TaxLienState account opened 08/25/2015****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**ABC Credit & Recovery
4736 Main St Ste 4
Lisle, IL 60532-1986**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1935

Name and Address

**Nationwide Credit & Co
815 Commerce Dr Ste 270
Oak Brook, IL 60523-8852**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5014

Name and Address

Unknown Plaintiff

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Unknown Plaintiff

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 29,381.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 29,381.00
		Total Claim	
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if know)

- 6h. **Debts to pension or profit-sharing plans, and other similar debts**
- 6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.
- 6j. **Total Nonpriority.** Add lines 6f through 6i.

6h.	\$	<u>0.00</u>
6i.	\$	<u>171,054.00</u>
6j.	\$	<u>171,054.00</u>

Fill in this information to identify your case:

Debtor 1	Calvin L. Quarles		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Carmen R. Quarles		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 AT&T 1801 Valley View Ln Farmers Branch, TX 75234-8906	Cell Phone

Fill in this information to identify your case:

Debtor 1	Calvin L. Quarles		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Carmen R. Quarles		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 **Ceirstan Quarles**
4 Roanoke Ct
Bolingbrook, IL 60440-1463

- ☒ Schedule D, line **2.2**
☐ Schedule E/F, line _____
☐ Schedule G _____
Vanderbilt Mortgage

Fill in this information to identify your case:

Debtor 1 Calvin L. Quarles

Debtor 2 Carmen R. Quarles
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Case number (If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation	<u>Training Manager</u>	<u>Chemist</u>
	Employer's name	<u>Three Rivers'Manufacturers' Association</u>	<u>Exxonmobil</u>
	Employer's address	<u>1615 W Jefferson St Joliet, IL 60435-6724</u>	<u>55 Arснаel Rd Channahon, IL 60410</u>
	How long employed there?	<u>7 months</u>	<u>16 years</u>

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>8,333.34</u>	\$ <u>10,958.34</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>70.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>8,333.34</u>	\$ <u>11,028.34</u>

Debtor 1
Debtor 2 **Quarles, Calvin L. & Quarles, Carmen R.**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 8,333.34	\$ 11,028.34
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,607.54	\$ 2,386.76
5b. Mandatory contributions for retirement plans	5b. \$ 1,250.00	\$ 547.92
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 647.76
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: Exxonmobil savings loan	5h.+ \$ 0.00	\$ 2,188.12
GUL	\$ 0.00	\$ 78.96
UW Will County	\$ 0.00	\$ 91.24
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 2,857.54	\$ 5,940.76
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 5,475.80	\$ 5,087.58
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 3,312.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 732.33	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 4,044.33	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 9,520.13	\$ 5,087.58
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 14,607.71	
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Debtor 1
Debtor 2 **Quarles, Calvin L. & Quarles, Carmen R.**

Case number (if known)

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	325.00
6b. Water, sewer, garbage collection	6b. \$	110.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	230.00
6d. Other. Specify: <u>Internet/Cable</u>	6d. \$	150.00
7. Food and housekeeping supplies	7. \$	1,800.00
8. Childcare and children's education costs	8. \$	200.00
9. Clothing, laundry, and dry cleaning	9. \$	200.00
10. Personal care products and services	10. \$	100.00
11. Medical and dental expenses	11. \$	150.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	450.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	150.00
14. Charitable contributions and religious donations	14. \$	2,041.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	257.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	277.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		
16. \$		0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	425.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: <u>Student Loan</u>	17c. \$	221.69
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		
18. \$		0.00
19. Other payments you make to support others who do not live with you.		
19. \$		155.00
Specify: <u>Credit Card</u>		
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	173.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	315.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: <u>Taxes</u>	21. +\$	2,000.00
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	16,730.69
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	16,730.69
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	14,607.71
23b. Copy your monthly expenses from line 22c above.	23b. -\$	16,730.69
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	-2,122.98
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain here: _____		

Fill in this information to identify your case:

Debtor 1 Calvin L. Quarles
First Name Middle Name Last Name

Debtor 2 Carmen R. Quarles
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X _____
Calvin L. Quarles
Signature of Debtor 1

Date September 25, 2017

X _____
Carmen R. Quarles
Signature of Debtor 2

Date September 25, 2017

Fill in this information to identify your case:

Debtor 1 **Calvin L. Quarles**
First Name Middle Name Last Name

Debtor 2 **Carmen R. Quarles**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	489,330.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	489,330.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A Amount of claim, at the bottom of the last page of Part 1 of Schedule D...	\$	523,278.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$	29,381.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$	256,255.00
Your total liabilities		\$ 808,914.00

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I.....	\$ 14,607.71
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J.....	\$ 16,730.69

Part 4: Answer These Questions for Administrative and Statistical Records

- 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
- 7. What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1
Debtor 2 **Quarles, Calvin L. & Quarles, Carmen R.**

Case number (if known)

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **19,361.68**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 29,381.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 29,381.00

Fill in this information to identify your case:

Debtor 1 Calvin L. Quarles
First Name Middle Name Last Name

Debtor 2 Carmen R. Quarles
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1 lived there

Debtor 2 Prior Address:

Dates Debtor 2 lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

Debtor 1

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

☒ Wages, commissions, bonuses, tips

\$58,333.38

☐ Operating a business

Debtor 2

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

☒ Wages, commissions, bonuses, tips

\$93,304.53

☐ Operating a business

Debtor 1
Debtor 2**Quarles, Calvin L. & Quarles, Carmen R.**

Case number (if known)

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2016)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$38,525.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$131,771.00
For the calendar year before that: (January 1 to December 31, 2015)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$112,785.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$131,000.00
For the calendar year: (January 1 to December 31, 2014)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$32,452.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$131,000.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known)

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Vanderbilt vs Quarles 2016 CH 0502	Foreclosure	Will County Court 57 N Ottawa St Joliet, IL 60432-4389	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
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11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☐ No
☒ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
INTERNAL REVENUE PO Box 7346 Philadelphia, PA 19101-7346	Refund Last 4 digits of account number: _____	April 2017	\$5,456.00

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No
☐ Yes

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known)

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☐ No
☒ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Church of Bolingbrook	Cash	Weekly	\$23,400.00
United Way	Cash	Bi-Weekly Contribution	\$2,470.00

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
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Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Law Office Steven A Leahy, PC 150 North Michigan Ave Suite 1120 Chicago, IL 60601	4000.00	06/15/17;07/15/2017;08/15/2017;09/15/2017	\$0.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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Debtor 1
Debtor 2**Quarles, Calvin L. & Quarles, Carmen R.**

Case number (if known)

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☒ No☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☒ *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- ☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- No
- ☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- ☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

- No. None of the above applies. Go to Part 12.
- ☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
- ☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
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Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are

Debtor 1
Debtor 2

Quarles, Calvin L. & Quarles, Carmen R.

Case number (if known) _____

true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Calvin L. Quarles
Signature of Debtor 1

Carmen R. Quarles
Signature of Debtor 2

Date September 25, 2017

Date September 25, 2017

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)*?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+	\$15 trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Northern District of Illinois, Eastern Division

In re **Quarles, Calvin L. & Quarles, Carmen R.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	3,300.00
Prior to the filing of this statement I have received	\$	0.00
Balance Due	\$	3,300.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Filing Fee Included

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Adversary Actions

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 25, 2017

Date

Steven Leahy

Signature of Attorney

Law Office Steven A Leahy, PC

150 North Michigan Ave Suite 1120

Chicago, IL 60601

(312) 664-6649 Fax: (312) 803-2101

cincompass@it-lawyer.com

Name of law firm